



**OFFICE OF THE CHAIRMAN  
THE JOINT CHIEFS OF STAFF  
WASHINGTON, D.C. 20318-9999**

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04 December 1998

**MEMORANDUM FOR:** Under Secretary of Defense for Personnel and  
Readiness  
Chief of Staff, US Army  
Chief of Naval Operations  
Chief of Staff, US Air Force  
Commandant of the Marine Corps  
Commander in Chief, US Atlantic Command  
Commander in Chief, US Central Command  
Commander in Chief, US European Command  
Commander in Chief, US Pacific Command  
Commander in Chief, US Southern Command  
Commander in Chief, US Space Command  
Commander in Chief, US Special Operations Command  
Commander in Chief, US Strategic Command  
Commander in Chief, US Transportation Command  
Commander in Chief, US Forces Korea

**Subject:** Deployment Health Surveillance and Readiness

1. Force health protection (FHP) provides a conceptual framework for optimizing health readiness and protecting Service members from all health and environmental hazards associated with military service. A robust health surveillance system is a critical component of FHP. Deployment health surveillance includes identifying the population at risk (through, but not limited to, pre- and post-deployment health assessments), recognizing and assessing hazardous exposures (medical, environmental, and occupational), employing specific countermeasures, and monitoring health outcomes (through weekly disease and non-battle injury reporting). This memorandum provides routine, standardized procedures for assessing health readiness and conducting health surveillance in support of the Joint Chiefs of Staff and unified command deployments. General guidance is provided at Enclosure A and specific guidance is at enclosures B through E.

2. Effective 1 February 1999, the uniform and standardized health surveillance and readiness procedures described in this memorandum will be adhered to for all deployments (as defined at Enclosure A). This memorandum

supersedes the medical surveillance reporting procedures contained in the Joint Staff memorandum J-4A 00106-93,<sup>1</sup> and supports the implementation of DODD 6490.2,<sup>2</sup> DODI 6490.3,<sup>3</sup> and ASD-HA policy memorandum.<sup>4</sup>

3. Blank forms for the pre- and post-deployment health assessment and the weekly DNBI report are available for download under Deployment Surveillance at the following web site: <http://cba.ha.osd.mil>. The Deployment Surveillance Team (DST) maintains this section of the web site. The DST points of contact are Captain Lenny Denaro, DSN 761-7153 ext 4727, commercial (703) 681-7153 ext 4727, or Staff Sergeant Mark Carter, DSN 761-7153 ext 4742, or commercial (703) 681-7153 ext 4742. The fax number for the DST is DSN 761-5920 or commercial (703) 681-5920.

4. The Joint Staff point of contact is Lieutenant Colonel Bob Thompson, J4, DSN 223-5105 or commercial (703) 693-5105.

For the Chairman of the Joint Chiefs of Staff:



**DENNIS C. BLAIR**  
Vice Admiral, U.S. Navy  
Director, Joint Staff

Enclosures

References:

- 1 Joint Staff memorandum, J-4A 00106-93, 28 January 1993, "Medical Surveillance Report"
- 2 DODD 6490.2, 30 August 1997, "Joint Medical Surveillance"
- 3 DODI 6490.3, 7 August 1997, "Implementation and Application of Joint Medical Surveillance for Deployments"
- 4 ASD-HA memorandum, 6 October 1998, "Policy for Pre- and Post-Deployment Health Assessments and Blood Samples"

## ENCLOSURE A

### GENERAL GUIDANCE

1. **Deployment Defined.** For the purpose of joint health surveillance, a deployment is defined as a troop movement resulting from a JCS/unified command deployment order for 30 continuous days or greater to a land-based location outside the United States that does not have a permanent US military medical treatment facility (i.e., funded by the Defense Health Program). Routine shipboard operations that are not anticipated to involve field operations ashore for over 30 continuous days are exempt from the requirements for pre- and post-deployment health assessments.

a. Weekly DNBI reporting is strongly encouraged on a routine basis, whether in garrison or deployed, to facilitate a seamless transition to joint operations.

b. If the duration of deployment is uncertain, then the surveillance requirements described in this enclosure (pre- and post-deployment health assessments, health readiness, and DNBI reporting) will be adhered to.

c. The baseline surveillance requirements described in this enclosure should be augmented as necessary based upon health threat assessments.

2. **Predeployment.** The unified command, through deployment orders and/or separate instructions, will require the Services and supporting CINCs to accomplish the following at the home station or processing station of the deploying Service member:

a. **Health Threat/Countermeasures.** Inform Service members on all known potential health threats, to include endemic diseases; injuries; nuclear, biological, or chemical (NBC) contaminants; toxic industrial compounds; combat and deployment-related stress; climatic extremes; and other environmental health threats (such as use of non-approved pesticides). Proven preventive medicine countermeasures will be employed, to include appropriate personal protective measures and use of personal protective equipment.

b. **Health Readiness.** Complete individual health readiness processing, including the following:

(1) Immunizations

(a) DOD Minimum Requirements. Must be current in tetanus-diphtheria, influenza, hepatitis A, MR/MMR, and polio.

(b) Service-specific Requirements. Refer to AFJI 48-110, AR 40-562, BUMEDINST 6230.15, and CG COMDTINST M6230.4E, "Immunizations and Chemoprophylaxis," 1 November 1995 (examples include yellow fever, hepatitis B, typhoid, and plague).

(c) Deployment-specific Requirements. Based upon the geographical location, the unified command will determine additional immunizations, chemoprophylactic medications, and other individual personal protective measures (such as insect repellent, bednetting, and uniform impregnation).

(2) Medical Record. Update the Service-specific medical record with:

(a) Blood type.

(b) Medication/allergies.

(c) Special duty qualifications.

(d) Immunization record.

(e) Pre-deployment health assessment form.

(f) Summary sheet of past medical problems.

(3) HIV within previous 12 months (serves dual purpose: HIV screening and predeployment serum sample).

(4) Tuberculosis skin test within 24 months. For previous PPD converters, handle IAW Service policy.

(5) DNA sample on file. To confirm the unit/individual status of DNA specimens on file, contact the DOD DNA Specimen Repository (voice 301-295-4379, fax 301-295-4380, or e-mail [afrrsir@afip.osd.mil](mailto:afrrsir@afip.osd.mil)).

(6) Current physical exam or assessment IAW Service policy.

(7) Dental Class I/II.

(8) 90-day supply of prescription medications.

(9) Required medical equipment (glasses, gas mask inserts, hearing aids, dental orthodontic equipment, etc.).

(10) Personal occupational health equipment (respiratory protection, hearing protection, and personal exposure dosimeters).

(11) No unresolved health problems (P-4 profile, limited duty status, pregnancy).

c. Health Assessment. Conduct predeployment health assessments using the form and processing instructions at Enclosure B.

**3. During Deployment.** The unified command will provide guidance and support to:

a. Ensure DNBI surveillance data is collected and analyzed using the form and instructions at Enclosure C.

b. Establish procedures for documenting and reporting those reportable medical events listed at Enclosure D. Refer to the US Army Medical Surveillance Activity (AMSA) publication, "Tri-Service Reportable Events," version 1.0, July 1998, for guidelines and case definitions. Report on presumptive as well as confirmed reportable medical events.

c. Ensure Service-specific procedures are maintained for appropriate archiving of health documents (DNBI, pesticides, and environmental surveillance data) and records (individual health treatment provided).

d. Provide troop commanders with appropriate and timely health status information.

e. Based upon the threat assessment and guidance provided in the Services joint implementation instructions to DODI 6490.3, "Implementation and Application of Joint Medical Surveillance for Deployments," conduct a systematic and comprehensive program of surveillance, assessment, and prevention of occupational and environmental health hazards.

f. Ensure the integrity of occupational health and safety programs.

g. Conduct pest control operations using the integrated pest management (IPM) program described in DODI 4150.7, "DOD Pest Management Program," 22 April 1996. When pesticides are employed ensure the use of only DOD approved pesticides.

**4. Post-Deployment.**

a. The unified command will provide guidance and support to:

(1) Conduct post-deployment health assessments using the form and processing guidance at Enclosure E.

(2) Identify Service members in need of medical evaluation upon return to home/processing station based on review of medical treatment received in theater, the post-deployment health assessment form, and other pertinent health surveillance data.

(3) Conduct medical debrief to deployed Service members on all significant health events and exposures.

(4) Document environmental exposures in after action reports (AARs).

(5) Develop and forward health lessons learned to the Joint Uniform Lessons Learned System (JULLS).

b. The Services and supporting CINCs are requested to accomplish the following at the home station or processing station of the redeploying Service member:

(1) Conduct tuberculosis screening within 1 year of redeployment or sooner IAW Service-specific requirements.

(2) Collect, when indicated by Service policy, a serum sample for HIV testing and storage in the serum repository.

(3) Conduct additional health assessments and/or health debriefs if indicated by health threats or events occurring in theater.

## **ENCLOSURE B**

### **PRE-DEPLOYMENT HEALTH ASSESSMENT FORM PROCESSING GUIDANCE**

1. Service members must complete or re-validate the health assessment form at their home station or processing station within 30 days of their deployment.
2. The form must be administered and then immediately reviewed by a health care provider. The provider can be a medic or corpsman for administering and initially reviewing the questionnaire. However, positive responses to questions 2-4 and 7-8 must be referred to a physician, physician assistant, nurse, or independent duty medical technician.
3. Copies of the completed form must be placed in the Service members' permanent medical record. The originals will be immediately forwarded to the Deployment Surveillance Team (DST), 5113 Leesburg Pike, Suite 701, Falls Church, Virginia, 22041, DSN 761-7153 (ext. 4727 or 4742) or commercial 703-681-7153 (ext. 4727 or 4742).
4. The DST provides the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) with a predeployment health assessment database on a monthly basis for inclusion in the Defense Medical Surveillance System (DMSS).
5. USACHPPM provides the Joint Staff, unified commands, and the Services with periodic trend analysis reports on the completed predeployment health assessment forms.



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**PRE-DEPLOYMENT Health Assessment****INSTRUCTIONS****PRIVACY ACT OF 1974**

Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question, ask the administrator.

**Demographics****Location of Operation / Deployment:**

- ☐ Europe      ☐ Australia  
☐ SW Asia      ☐ Africa  
☐ SE Asia      ☐ Central America  
☐ Asia (Other)      ☐ Unknown  
☐ South America  
☐ Other \_\_\_\_\_

List country (IF KNOWN):

Today's Date (mm/dd/yyyy)

 /  / 

Name of Operation:

Last Name

Social Security Number

 -  - 

First Name

MI

DOB (mm/dd/yyyy)

 /  / **Pay Grade/Rank**

- ☐ E1    ☐ O1    ☐ W1  
☐ E2    ☐ O2    ☐ W2  
☐ E3    ☐ O3    ☐ W3  
☐ E4    ☐ O4    ☐ W4  
☐ E5    ☐ O5    ☐ W5  
☐ E6    ☐ O6    ☐ Other  
☐ E7    ☐ O7  
☐ E8    ☐ O8  
☐ E9    ☐ O9  
         ☐ O10

**Gender**

- ☐ Male  
☐ Female

**Service Branch**

- ☐ Air Force  
☐ Army  
☐ Coast Guard  
☐ Marine Corps  
☐ Navy  
☐ Other

**Component**

- ☐ Active Duty  
☐ National Guard  
☐ Reserves  
☐ Civilian Government Employee  
☐ Non-Government (Contract) Employee  
☐ Other

**Health Assessment**

1. Would you say your health in general is:      ☐ Excellent    ☐ Very Good    ☐ Good    ☐ Fair    ☐ Poor
2. Do you have any medical or dental problems?      ☐ Yes    ☐ No
3. Are you currently on a profile, or light duty, or are you undergoing a medical board?      ☐ Yes    ☐ No
4. Are you pregnant? (FEMALES ONLY)      ☐ Don't Know    ☐ Yes    ☐ No
5. Do you have a 90-day supply of your prescription medication or birth control pills?      ☐ N/A    ☐ Yes    ☐ No
6. Do you have two pairs of prescription glasses (if worn) and any other personal medical equipment?      ☐ N/A    ☐ Yes    ☐ No
7. During the past year, have you sought counseling or care for your mental health?      ☐ Yes    ☐ No
8. Do you currently have any questions or concerns about your health?      ☐ Yes    ☐ No

Please list your concerns: \_\_\_\_\_

I certify that responses on this form are true.

Service Member Signature

**End of Questions**



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**Pre-Deployment Health Provider Review (For Health Provider Use Only)**

After interview/exam of patient, the following problems were noted and categorized by Review of Systems. More than one may be noted for patients with multiple problems. Further documentation of problem to be placed in medical records.

**REFERRAL INDICATED**

- ☐ None  
☐ Cardiac  
☐ Combat/Operational stress reaction  
☐ Dental  
☐ Dermatologic  
☐ ENT  
☐ Eye  
☐ Family Problems  
☐ Fatigue, Malaise, Multisystem complaint  
☐ GI  
☐ GU  
☐ GYN  
☐ Mental Health  
☐ Neurologic  
☐ Orthopedic  
☐ Pregnancy  
☐ Pulmonary  
☐ Other \_\_\_\_\_

Indicate the status of each of the following

- | Yes                   | No                    | N/A                   |                                       |
|-----------------------|-----------------------|-----------------------|---------------------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Medical threat briefing completed     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Medical information sheet distributed |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Serum for HIV drawn within 12 months  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Immunizations current                 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | PPD screening within 24 months        |

**FINAL MEDICAL DISPOSITION:**☐ Deployable☐ Not Deployable

Comments: [If not deployable, explain]

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I certify that this review process has been completed.

Provider's signature and stamp:

Date (mm/dd/yyyy)

 /  / **End of Health Review**

## **ENCLOSURE C**

### **WEEKLY DISEASE AND NON-BATTLE INJURY REPORT INSTRUCTIONS**

#### **Disease and Non-Battle Injury Rates - The Vital Signs of the Unit**

The main reason for tracking disease and non-battle injury (DNBI) rates is that they are an important tool at the unit level. They are the "vital signs of the unit," an early warning system for trouble. Abnormal rates serve to focus medical attention on a problem area immediately. They are the ultimate outcome measure of how well a command's preventive medicine program is working. The data can be used by the medical staff to identify and highlight feasible means of reducing the incidence of preventable disease and injury. The data must be reported up the medical chain so that a "big picture" of disease patterns can be assembled to localize problems and quickly intervene with appropriate preventive medicine countermeasures. Additionally, the data must be reported on a weekly basis (ending Saturday 2359 hrs local) through command channels to the JTF Surgeon, CINC Surgeon, Joint Staff, Service Surgeons, and the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM). USACHPPM provides the Joint Staff, unified commands, and the Services with periodic DNBI trend analysis reports for current deployments.

The DNBI report summarizes weekly DNBI rates and provides baseline rates for comparison. This system depends on a proper sick call logbook (or its electronic equivalent), which MUST record at a minimum the following information on EVERY patient encounter:

1. Patient's name, SSN, gender, unit, unit identification code (UIC), and duty location.
2. Type of visit - new, follow-up, or administrative.
3. Primary complaint.
4. Final diagnosis.
5. For injuries, a classification into recreation/sports, motor vehicle accident (MVA), work/training, or other.

6. Final disposition into one of the following categories:

- Full duty.
- Light duty (estimated number of days).
- Sick in quarters (estimated number of days).
- MTF in-patient admissions.

7. DNBI category (case definitions are provided at the end of this enclosure).

Sick call logbooks or their electronic equivalents must be retained by the medical unit at the conclusion of the deployment.

**To fill out the weekly DNBI report, follow these steps:**

1. Record the administrative data in the spaces provided at the top of the form. The troop strength refers to the number of troops being taken care of by the reporting medical unit. Obtain average troop strength for the reporting period from the S-1/J-1.
2. Review the sick call log and add up the total number of new cases (excluding follow-ups) seen during the entire week in each DNBI category. Fill in the appropriate block. Add up the total DNBI and record the number in the space provided.
3. To calculate DNBI rates, divide the total number of patients seen in each category by the average troop strength, and multiply by 100. For the gynecologic category, the FEMALE troop strength must be used to calculate the rate, not the total troop strength. Remember to calculate an overall DNBI total rate.

**Example.** If there were 20 dermatological cases this week in 500 troops, the percent would be calculated as follows:

$$\frac{20 \text{ dermatological cases}}{500 \text{ Troops}} = 0.04 \quad \text{then } 0.04 \times 100 = 4\%$$

4. Next, add up the total number of estimated light duty days, lost duty days, and MTF in-patient admissions in each category, and fill in the appropriate block.

5. Compare calculated rates for each category with the suggested reference rate for that category (comment is required under the section "Problems Identified - Corrective Actions" for all categories where rates are above the suggested reference rate). When comparing rates, keep the following information in mind:
  - a. The suggested reference rates are only approximate and should be used as a rough guide only. The CINC Surgeon or JTF Surgeon may modify the "Suggested Reference Rates" based upon theater specific trends.
  - b. Exceeding a rate by 0.1% is not necessarily an indication of a significant problem. However, going from half the suggested rate to twice the suggested rate probably indicates that there is a health problem needing immediate attention.
  - c. The individual suggested reference rates are not intended to add up to the total DNBI suggested reference rate. An individual category could have a high rate without causing the total rate to exceed the reference rate - attention to the individual category is appropriate and necessary in this situation. Alternatively, the total DNBI rate could be high without causing individual categories to exceed their reference rates - attention to systemic problems causing general sick call visits to rise is appropriate and necessary in this situation.
  - d. Use common sense in interpreting the DNBI rates. Track DNBI rates over time and compare current DNBI rates with your unit's past DNBI rates for comparable situations.
6. Report weekly DNBI data to the unit commander and to medical personnel at higher echelons (as noted in the first paragraph of these instructions).

## **CASE DEFINITIONS**

- Notes:**
1. Count only the initial visit. Do not count follow-up visits.
  2. All initial sick call visits should be placed in a category.
  3. If in doubt about which category, make the best guess.
  4. Estimate days of light duty, lost work days, or admissions resulting from initial visits.

**Combat/Operational Stress Reactions** - Acute reaction to stress and transient disorders which occur without any apparent mental disorder in response to exceptional physical and mental stress. Also includes post-traumatic stress disorder which arises as a delayed or protracted response to a stressful event or situation of an exceptionally threatening or catastrophic nature.

**Dermatological** - Diseases of the skin and subcutaneous tissue, including heat rash, fungal infection, cellulitis, impetigo, contact dermatitis, blisters, ingrown toenails, unspecified dermatitis, etc. Includes sunburn.

**Gastrointestinal, Infectious** - All diagnoses consistent with infection of the intestinal tract. Includes any type of diarrhea, gastroenteritis, "stomach flu", nausea/vomiting, hepatitis, etc. Does NOT include non-infectious intestinal diagnoses such as hemorrhoids, ulcers, etc.

**Gynecological** - Menstrual abnormalities, vaginitis, pelvic inflammatory disease, or other conditions related to the female reproductive system.

**Heat/Cold Injuries** - Climatic injuries, including heat stroke, heat exhaustion, heat cramps, dehydration, hypothermia, frostbite, trench foot, immersion foot, and chilblain.

**Injuries, Recreational/Sports** - Any injury occurring as a direct consequence of the pursuit of personal and/or group fitness, excluding formal training.

**Injuries, Motor Vehicle Accidents** - Any injury occurring as a direct consequence of a motor vehicle accident.

**Injury, Work/Training** - Any injury occurring as a direct consequence of military operations/duties or of an activity carried out as part of formal military training, to include organized runs and physical fitness programs.

**Injury, Other** - Any injury not included in the previously defined injury categories.

**Ophthalmologic** - Any acute diagnosis involving the eye, including pink-eye, conjunctivitis, sty, corneal abrasion, foreign body, vision problems, etc. Does not include routine referral for glasses (non-acute).

**Psychiatric, Mental Disorders** - Any conventionally defined psychiatric disorder as well as behavioral changes and disturbance of normal conduct which is either out of normal character, or is coupled with unusual physical symptoms such as paralysis.

**Respiratory** - Any diagnosis of the: lower respiratory tract, such as bronchitis, pneumonia, emphysema, reactive airway disease, and pleurisy; or the upper respiratory tract, such as "common cold", laryngitis, tonsillitis, tracheitis, otitis and sinusitis.

**Sexually Transmitted Diseases** - All sexually transmitted infections including such diseases as chlamydia, HIV, gonorrhea, syphilis, herpes, chancroid, and venereal warts.

**Fever, Unexplained** - Temperature of 100.5°F or greater for 24 hours, or history of chills and fever without a clear diagnosis (this is a screening category for many tropical diseases such as malaria, dengue fever, and typhoid fever). Such fever cannot be explained by other inflammatory/infectious processes such as respiratory infections, heat, and overexertion.

**All Other, Medical/Surgical** - Any medical or surgical condition not fitting into any category above.

**Dental** - Any disease of the teeth and oral cavity, such as periodontal and gingival disorders, caries, and mandible anomalies.

**Miscellaneous/Administration/Follow-up** - All other visits to the treatment facility not fitting one of the above categories, such as profile renewals, pregnancy, immunizations, prescription refills, and physical exams or laboratory tests for administrative purposes.

**Definable** - An additional category established for a specific deployment based upon public health concerns (e.g. malaria, dengue, airborne/HALO injuries, etc.).



## WEEKLY DNBI REPORT



Unit/Command: \_\_\_\_\_ Troop Strength: \_\_\_\_\_  
Dates Covered: \_\_\_\_\_ (Sunday 0001) Through \_\_\_\_\_ (Saturday 2359)

Individual Preparing Report: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

CATEGORY	INITIAL VISITS	RATE	SUGGESTED REFERENCE RATE		DAYS OF LIGHT DUTY	LOST WORK DAYS	ADMITS
Combat/Operational Stress Reactions			0.1%				
Dermatologic			0.5%				
GI, Infectious			0.5%				
Gynecologic			0.5%				
Heat/Cold Injuries			0.5%				
Injury, Recreational/Sports			1.0%				
Injury, MVA			1.0%				
Injury, Work/Training			1.0%				
Injury, Other			1.0%				
Ophthalmologic			0.1%				
Psychiatric, Mental Disorders			0.1%				
Respiratory			0.4%				
STDs			0.5%				
Fever, Unexplained			0.0%				
All Other, Medical/Surgical							
TOTAL DNBI			4.0%				

Dental		XXXXXXXX					
Misc/Admin/Follow-up		XXXXXXXX					
Definable							
Definable							

Problems Identified:

Corrective Actions:

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## ENCLOSURE D

### TRI-SERVICE REPORTABLE MEDICAL EVENT LIST

Amebiasis	Listeriosis
Anthrax	Lyme Disease
Biological Warfare Agent Exposure	Malaria (All)
Botulism	Malaria, Falciparum
Brucellosis	Malaria, Malariae
Campylobacter	Malaria, Ovale
Carbon Monoxide Poisoning	Malaria, Unspecified
Chemical Agent Exposure	Malaria, Vivax
Chlamydia	Measles
Cholera	Meningococcal Disease
Coccidioidomycosis	Meningitis
Cold Weather Injury (All)	Septicemia
Frostbite	Mumps
Hypothermia	Pertussis
Immersion Type	Plague
Unspecified	Pneumococcal Pneumonia
Cryptosporidiosis	Poliomyelitis
Cyclospora	Q Fever
Dengue Fever	Rabies, Human
Diphtheria	Relapsing Fever
E. Coli 0157:H7	Rheumatic Fever, Acute
Ehrlichiosis	Rift Valley Fever
Encephalitis	Rocky Mountain Spotted Fever
Filariasis	Rubella
Giardiasis	Salmonellosis
Gonorrhea	Schistosomiasis
H. Influenzae, Invasive	Shigellosis
Hantavirus Infection	Smallpox
Heat Injuries	Streptococcus, Group A, Invasive
Heat Exhaustion	Syphilis (All)
Heat Stroke	Syphilis, Congenital
Hemorrhagic Fever	Syphilis, Latent
Hepatitis A	Syphilis, Primary/Secondary
Hepatitis B	Syphilis, Tertiary
Hepatitis C	Tetanus
Influenza	Toxic Shock Syndrome
Lead Poisoning	Trichinosis
Legionellosis	Trypanosomiasis
Leishmaniasis (All)	Tuberculosis, Pulmonary
Leishmaniasis, Cutaneous	Tularemia
Leishmaniasis, Mucocutaneous	Typhoid Fever
Leishmaniasis, Unspecified	Typhus Fever
Leishmaniasis, Visceral	Urethritis, Non-Gonococcal
Leprosy	Vaccine, Adverse Event
Leptospirosis	Varicella, Active Duty Only
	Yellow Fever

## **ENCLOSURE E**

### **POST-DEPLOYMENT HEALTH ASSESSMENT FORM PROCESSING GUIDANCE**

1. Service members must complete the health assessment form in theater, preferably, within 5 days prior to redeployment back to their home station.
2. The form must be administered and then immediately reviewed by a health care provider. The provider can be a medic or corpsman for administering and initially reviewing the questionnaire. However, positive responses must be referred to a physician, physician assistant, nurse, or independent duty medical technician.
3. Copies of the completed form must be placed in the Service member's permanent medical record or in the deployed medical record for transfer to their permanent medical record upon redeployment to their home station. The originals will be immediately forwarded to the Deployment Surveillance Team (DST), 5113 Leesburg Pike, Suite 701, Falls Church, Virginia, 22041, DSN 761-7153 (ext. 4727 or 4742) or commercial 703-681-7153 (ext. 4727 or 4742).
4. The DST provides the US Army Center for Health Promotion and Preventive Medicine (USACHPPM) with a post-deployment health assessment form data base on a monthly basis for inclusion in the Defense Medical Surveillance System (DMSS).
5. USACHPPM provides the Joint Staff, the unified commands, and the Services with periodic trend analysis reports on the completed post-deployment health assessment forms.



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# POST-DEPLOYMENT Health Assessment

PRIVACY ACT OF 1974

## INSTRUCTIONS

Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question, ask the administrator.

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### Location of Operation / Deployment:

- ☐ Oceania  
☐ Asia  
☐ South America  
☐ Other

List country (IF KNOWN):

Name of Operation:

Today's Date (mm/dd/yyyy)

 /  / 

Date of arrival in theater (mm/dd/yyyy)

 /  / 

Date of departure from theater (mm/dd/yyyy)

 /  / 

Social Security Number

 -  - 

DOB (mm/dd/yyyy)

 /  / 

Last Name

First Name

### Pay Grade/Rank

- ☐ E1 ☐ O1 ☐ W1  
☐ E2 ☐ O2 ☐ W2  
☐ E3 ☐ O3 ☐ W3  
☐ E4 ☐ O4 ☐ W4  
☐ E5 ☐ O5 ☐ W5  
☐ E6 ☐ O6 ☐ Other  
☐ E7 ☐ O7  
☐ E8 ☐ O8  
☐ E9 ☐ O9  
☐ O10

### Gender

- ☐ Male  
☐ Female

MI

### Service Branch

- ☐ Air Force  
☐ Army  
☐ Coast Guard  
☐ Marine Corps  
☐ Navy  
☐ Other

### Component

- ☐ Active Duty  
☐ National Guard  
☐ Reserves  
☐ Civilian Government Employee  
☐ Non-Government (Contract) Employee  
☐ Other

### Health Assessment

1. Would you say your health in general is:

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

2. Do you have any unresolved medical or dental problems that developed during this deployment?

- ☐ Yes ☐ No

3. Are you currently on a profile or light duty?

- ☐ Yes ☐ No

4. During this deployment have you sought, or intend to seek, counseling or care for your mental health?

- ☐ Yes ☐ No

5. Do you have concerns about possible exposures or events during this deployment that you feel may affect your health?

- ☐ Yes ☐ No

Please list your concerns:

- ☐ Yes ☐ No

6. Do you currently have any questions or concerns about your health?

Please list your concerns:

I certify that responses on this form are true.

Service Member Signature

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**Post-Deployment Health Provider Review (For Health Provider Use Only)**

After interview/exam of patient, the following problems were noted and categorized by Review of Systems. More than one may be noted for patients with multiple problems. Further documentation of problem to be placed in medical records.

**REFERRAL INDICATED**

- ☐ None  
☐ Cardiac  
☐ Combat / Operational Stress Reaction  
☐ Dental  
☐ Dermatologic  
☐ ENT  
☐ Eye  
☐ Family Problems  
☐ Fatigue, Malaise, Multisystem complaint  
☐ GI  
☐ GU  
☐ GYN  
☐ Mental Health  
☐ Neurologic  
☐ Orthopedic  
☐ Pregnancy  
☐ Pulmonary  
☐ Other \_\_\_\_\_

**EXPOSURE CONCERNS (During deployment)**  
Provider see questions 5 & 6 on the reverse of this form

- ☐ Environmental  
☐ Occupational  
☐ Combat or mission related  
☐ None

Indicate the status of each of the following

- | Yes                   | No                    | N/A                   |  |
|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Medical threat debriefing completed          |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Medical information sheet distributed        |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Post-Deployment serum specimen collected, if |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that this review process has been completed.

Provider's signature and stamp:

Date (mm/dd/yyyy)

End of Health Review